

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155810		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03 B. WING _____		(X3) DATE SURVEY COMPLETED 06/27/2016	
NAME OF PROVIDER OR SUPPLIER VERNON MANOR CHILDRENS HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1955 S VERNON ST WABASH, IN 46992			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/27/16</p> <p>Facility Number: 000274 Provider Number: 155810 AIM Number: 100271660</p> <p>At this Life Safety Code survey, Vernon Manor Children's Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original section of the building consisting of Daliha Lane, Rose Harbor, Babbling Brook, Hanson Blvd., Dotties Dream and the Service hall was surveyed with Chapter 19, Existing Health Care Occupancies</p> <p>This original section of this one story facility was determined to be of Type II (111) construction and was sprinklered. A service hall and the 300 hall was of Type V (111) construction and was sprinklered. The facility has a fire alarm system with smoke detection in corridors and spaces open to the corridors. Hard wired smoke detectors were provided in the resident rooms. The facility has a capacity of 119 and had a census of 74 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility</p>			K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 services were sprinklered with the exception of the detached room housing generator # 1, and a detached storage building used for storage.	K 000			
K 000	Quality Review completed on 06/30/16 - DA INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/27/16 Facility Number: 000274 Provider Number: 155810 AIM Number: 100271660 At this Life Safety Code survey, Vernon Manor Children's Home was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The 300 hall was surveyed with Chapter 18, New Health Care Occupancies This original section of this one story facility was determined to be of Type II (111) construction and was sprinklered. A service hall and the 300 hall was of Type V (111) construction and was sprinklered. The facility has a fire alarm system with smoke detection in corridors and spaces open to the corridors. Hard wired smoke detectors were provided in the resident rooms. The facility has a capacity of 119 and had a census of 74 at the time of this survey.	K 000			

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K 000	Continued From page 2 All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered with the exception of the detached room housing generator # 1, and a detached storage building used for storage. Quality Review completed on 06/30/16 - DA	K 000			